

South West London Alliance

The Identification, Treatment and Management of Malnutrition in Adults, Including the Appropriate prescription of Oral Nutritional Supplements

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Abbreviations

ACBS - Advisory Committee on Borderline Substances
BNF – British National Formulary
BAPEN – British Association for Parenteral and Enteral Nutrition
CCG – Clinical Commissioning Group
GP – General Practitioner/General Practice
MUST – Malnutrition Universal Screening Tool
NICE – National Institute of Clinical Excellence
ONS – Oral Nutritional Supplements
PCO – Primary Care Organisation
PSD – Prescribing Support Dietitian
SWL – South West London

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Acknowledgements: These guidelines have been adapted to include local policy and are based on the NHS London Procurement Programme Guide to Prescribing Oral Nutritional Supplements in the Community 2014.

The guidelines have been developed and reviewed with input from all SWL Medicines Optimisation Teams, and local clinicians including GPs, pharmacists, primary care clinicians and, primary and secondary care dietetic teams across SWL.

Scope of implementation: NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG and NHS Wandsworth CCG are implementing these guidelines. Note NHS Croydon CCG are currently using local guidelines although have been involved in the SWL guideline development and are likely to implement the guidelines in the future.

For support with implementing these guidelines at local level, contact your local Prescribing Support Dietitian or Medicines Optimisation team.

Section 1: Introduction and Background

1.1 Introduction

These guidelines aim to improve the identification, treatment and management of malnutrition with a focus on community-dwelling patients and those residing in care homes. The guidelines should be implemented to promote and facilitate standardised evidence based practice with regard to the management of adult patients who are malnourished or at risk of malnutrition in the community and who require support in relation to oral nutritional intake including the appropriate use of oral nutritional supplements (ONS); guidance regarding the provision of enteral tube feeding and parenteral nutrition is not included.

The guidelines are intended to provide information on current best practice, reduce unnecessary expenditure and to ensure a consistent approach by primary care clinicians, across South West London CCGs in the management of malnutrition. The guidelines are designed for use by general practitioners (GPs), medicines optimisation teams, dietitians, district nurses, practice nurses, pharmacists, care home staff and other community health care professionals.

1.2 Background: Malnutrition and Oral Nutritional Supplement Prescribing

Causes and Consequences of Malnutrition

Malnutrition is both a cause and consequence of poor health primarily occurring due to an inadequate energy intake resulting in weight loss and a depletion of both body fat and muscle¹. An inadequate intake of macro and micronutrients can over time cause deficiencies with widespread metabolic, functional and physiological effects on the body². Malnutrition is directly associated with delayed recovery, increased complications and increased mortality³. Adverse effects include:

- Impaired immune responses – increasing risk of infection
- Reduced muscle strength and fatigue
- Reduced respiratory muscle function – increasing risk of chest infections and respiratory failure
- Impaired thermoregulation – predisposition to hypothermia
- Impaired wound healing and delayed recovery from illness
- Apathy, depression and self-neglect
- Increased risk of admission to hospital and length of stay
- Poor libido, fertility, pregnancy outcome and mother child interactions^{4,5,6}

Oral nutritional supplements (ONS) are commercially produced and often prescribed to improve nutritional status, treat malnutrition, and have good outcomes when used appropriately. London audit data indicate however that 57-75% of prescriptions are inappropriate (based on ACBS prescribing criteria and dietetic clinical judgment)⁷. Several London Primary Care Organisations (PCOs) have invested in Dietetic-led ONS teams and found on average 22% decrease in ONS spend compared to PCOs who do not have a dietetic-led ONS team⁷.

Incidence and Financial Consequences

- Malnutrition is estimated to affect at least three million adults in the UK^{8,9}. The estimated annual health costs associated with malnutrition exceed £19.6 billion annually⁹ and substantially impacts on the health economy with increased demands on General Practice services, out of hours services and increase rates of transition across pathways of care.
- It is estimated that 1 in 10 people over the age of 65 are malnourished or at risk¹⁰.

- Malnutrition is associated with increased mortality and morbidity and results in greater frequency of hospital admissions, longer hospital stay and greater number of GP visits. Once in hospital, patients' average length of hospital stay is three days longer ^{4,5,9} and failed discharges are frequent ¹¹.
- Overall, it has been estimated that more than 80% of those patients identified as at risk of malnutrition on admission to hospital could have been identified and treated for malnutrition in the community before hospitalisation ¹².
- Improving the identification and treatment of malnutrition is estimated to have the third highest potential to deliver cost savings to the NHS ¹³.
- Whilst ONS have beneficial effects in terms of clinical outcomes, their use as a first line treatment option has caused concerns about efficacy and expense ¹⁴.

Commissioning Guidance and QIPP

- As the financial climate changes in the NHS, the challenge is to deliver efficiency, savings and minimise waste whilst ensuring high quality care ¹⁵. QIPP programmes are essential to help achieve financial savings that will make the system sustainable, as per the NHS Five Year Forward View ¹⁶.
- Commissioning for the nutrition and hydration needs of the population forms part of the NHS England Truths commitments in response to the Francis Report ¹⁷ and supports the Department of Health's request to develop strategies to improve the delivery of adequate nutrition and hydration services¹⁸.
- NHS England Guidance to Commissioning Excellent Nutrition and Hydration 2015-18 highlights the role of reviewing and providing guidance regarding the appropriate use of adult ONS via medicines optimisation as a community commissioning approach to improve clinical outcomes and financial efficiencies¹⁹.

Section 2: Identifying, monitoring and treating malnutrition dependent on risk: guidance on the appropriate use of ONS

Please refer to Appendix 1-4 for quick reference guidance

2.1 Oral Nutritional Supplement Prescribing Criteria

- Oral Nutritional Supplements (ONS) should only be prescribed to patients who **meet ALL the below criteria**:
 1. Have been screened using a validated malnutrition screening tool e.g. 'Malnutrition Universal Screening Tool' ('MUST'), and deemed to be at high risk of malnutrition or malnourished (MUST \geq 2)
 2. Assessed regarding the underlying cause of malnutrition, with appropriate advice and support to address the underlying cause (Appendix 5)
 3. Meet the Advisory Committee for Borderline Substances (ACBS) criteria²⁰ (see below)
 4. Trialled with food first and homemade nourishing drinks for one month, prior to initiating the ONS prescription
- If the patient meets the above criteria, the ONS Product Guidance should be utilised to ensure a clinically and cost-effective product is prescribed

- These standardised SWL guidelines may be utilised by general practitioners to appropriately commence, review or discontinue ONS in line with best practice.

ACBS Indications for Oral Nutritional Supplements²⁰

Short Bowel Syndrome	Proven inflammatory bowel disease
Intractable malabsorption	Following total gastrectomy
Pre-operative preparation of patients who are undernourished	Dysphagia
Disease-related malnutrition	Bowel Fistulas
Continuous ambulatory peritoneal dialysis (CAPD)	Haemodialysis

2.2 Assessment and Monitoring of Malnutrition Risk

- Patients should be screened using a validated nutritional screening tool e.g. MUST.
- MUST is a 5 step validated screening tool, used across acute and community health care settings to identify an individual's risk of malnutrition, categorised as low, medium or high.
- For all malnutrition risk categories (low, medium and high) the appropriate treatment, management and monitoring guidelines should be followed on completion of screening
 - Community Dwelling Patients (Appendix 6)
 - Patients residing in Care Homes (Appendix 7)
- Food first, homemade nourishing drinks and a review plan, dependent on nutritional risk category should be advised and documented
- Those who are **malnourished** meet the following criteria^{3,21}:-
 - A body mass index (BMI) of less than 18.5kg/m²
 - Unintentional weight loss greater than 10% within the last 3 to 6 months
 - A BMI less than 20kg/m² AND unintentional weight loss greater than 5% in the previous 3 to 6 months
- Those at **risk of malnutrition** meet the following criteria^{3,21}:-
 - Eaten little or nothing for more than 5 days and/or likely to eat little or nothing for the next 5 days or longer
 - A poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism
- Note, step 3 of the MUST tool assigns a score for 'acute disease effect'; *"If the patient is acutely ill AND there has been or is likely to be no nutritional intake for 5 days"*. BAPEN recommend the acute disease effect is unlikely to apply to patients outside of hospital.
- Clinical judgement should be applied for community dwelling patients undergoing treatment (e.g. chemotherapy) or following recent/recurrent episodes of acute illness/exacerbations of chronic illness (e.g. COPD) which impact on their nutritional intake, absorption or result in nutritional losses. The

impact of these factors on an individual's nutritional status should be considered including those patients where concerns have not yet presented regarding weight loss or low BMI (i.e. BMI < 20kg/m²).

- The MUST is a nutritional screening tool only, and therefore may not identify/capture clinical indicators of poor nutritional status in all patients. If concerns are present regarding poor nutritional intake, absorption or losses, dietetic referral should be completed in order for patients to receive a full nutritional assessment and advice regarding an appropriate treatment and management plan including ONS prescription.

2.3 Identifying the underlying cause of malnutrition

- Once nutritional risk has been established, **the underlying cause of malnutrition should be assessed**, and treatment options identified. In addition to medical and pathological reasons, including disease related malnutrition; social and psychological reasons for increased malnutrition risk should be considered. Advice should be provided on services including social services, drug and alcohol groups, day services and community social groups (Appendix 5).

Groups at risk of malnutrition include those with	
Chronic Diseases	Chronic obstructive pulmonary disease (COPD), cancer, inflammatory bowel disease, gastrointestinal disease, renal or liver disease
Chronic Progressive Disease	Dementia, neurological conditions (Parkinson's disease, motor neurone disease)
Acute illness	Where food is not being consumed for more than 5 days (this is often seen in the acute setting and is rare in the community)
Debility	Frailty, immobility, old age, depression, recent discharge from hospital
Social issues	Poor support, housebound, inability to cook and shop, poverty

- **If the patient does not meet ACBs criteria, over the counter (OTC) supplements, food first and homemade nourishing drinks should be recommended (see Appendix 8).** If recommending OTC powder supplements, consider the contraindications as outlined in Appendix 3.

2.4 Food First and Homemade Nourishing Drinks

- **ONS should NOT be used as first line treatment.**
- On completing nutritional screening, **education and encouragement regarding food first and homemade nourishing drinks should be provided and trialled for at least four weeks** prior to initiating ONS.
 - Where a patient commenced ONS in secondary care, it is unlikely the patient will have completed a 4 week trial of food first and nourishing drinks. Patients should receive appropriate advice regarding food first and homemade nourishing drinks on discharge, and the need for the ONS prescription to continue in primary care should be reviewed as outlined in section 5.
- A review plan, dependent on nutritional risk category should be advised and documented (Appendix 6 and 7)

- Diet sheets and information leaflets should be provided based on the patient's individual needs; a range of reproducible diet sheets and materials are available to download and print from the <http://www.swlmcg.nhs.uk/Clinical/Pages/Oral-Nutritional-Supplements.aspx> These aim to support clinicians providing patients and carers with advice regarding food first, homemade nourishing drinks and overcoming barriers to nutritional intake. To support care homes implementing these guidelines a care home resource pack is also available to download. Please see Appendix 9 for more information.

Section 3. Appropriate prescriptions and commencing ONS

3.1 Commencing an ONS Prescription

- The standardised **ONS product guidance** provides guidance on clinically and cost effective ONS to prescribe, see Appendix 1.
- A **sample/starter pack should be provided** aiming to establish taste preference and avoid unnecessary waste resulting from prescriptions of an ONS the patient will not take (endorsed ACBS).
 - **Order online:** Free 'direct to patient' ONS sample packs are available to order online via the nutritional company website and are usually delivered direct to the patient's home/care home within 1-3 working days. Appendix 3 provides further information regarding the provision of ONS sample packs via online ordering.
 - **Prescription:** A sample pack or a one-week supply of the ONS may also be prescribed.
 - If commencing a powder ONS, the sample pack will provide the patient with a shaker for preparing the powder.
- **Commencing the ONS following trial with sample pack;**

Review the sample pack **within one week, identify flavour preference** and prescribe an

- **initial ACUTE four-week prescription; DO NOT prescribe on repeat**
- **Powder ONS initially, unless contraindicated**
- **Recommended dose: 57g powder sachet twice daily**
- **Total volume to prescribe for 28days: 3,192g**

- See **Appendix 1 'Quick Reference ONS Product Guidance General Practitioners' reference'** for information on the appropriate prescription of powder, milkshake and compact ONS in primary care.
- Avoid prescriptions for ONS once daily, these provide 300-380kcal per day; calories which can easily achieved via food first (e.g. snacks) and homemade nourishing drinks (e.g. milky drinks); Appendix 8.
- If under dietetic review, the volume/quantity of ONS prescription will be identified on dietetic assessment; this should aim to meet the nutritional needs of the patient and consider the nutritional deficit following an assessment of intake from foods and fluids.

- It is rarely necessary to prescribe more than two bottles of nutritionally complete supplements per day. Anyone who is reliant on ONS as a sole source of nutrition or achieves the majority of their nutritional intake from ONS should be under the care of a dietitian.

3.2 'ONS Product Guidance for GP Reference' (Appendix 1)

- Designed to provide concise information on clinically and cost effective ONS for GPs to prescribe when an ONS prescription has been indicated. This product guidance condenses the range of ONS available to prescribe in the community aiming to support prescribing decision making and to promote ease of use for GPs. The product groups (powder, milkshake and compact) represent products frequently prescribed across SWL, in line with local guidelines.
- The 'ONS Product Guidance for GP Reference' recommends
 - **Powder ONS to be prescribed initially unless contraindicated**
 - Clear information on clinically and cost-effective milkshake and compact ONS to prescribe, if powder ONS is contraindicated
- A variety of ONS are listed within each category with nutritional information included; aiming to ensure the appropriate ONS are prescribed to meet the patients' identified nutritional needs, offer choice, achieve taste preference, optimise compliance with ONS, optimise nutritional intake from ONS and therefore avoid unnecessary waste.

3.3 'ONS Product Guidance for Dietitian's Reference' (Appendix 2)

- Considering the range of ONS products available to prescribe, the 'ONS Product Guidance for Dietitian's reference' groups ONS products within their respective product range, providing information on the cost-effective product to prescribe within each group. In addition, information on price, nutritional content, flavours, volume per serve and pack size of each product is included.
- Due to the frequent changes on ONS pricing, the product guidance, including quarterly updated prices is available to download as a separate appendix to the guidelines via the SWL internet <http://www.swlmcg.nhs.uk/Clinical/Pages/Oral-Nutritional-Supplements.aspx>.

3.4 Utilising the Product Guidance to Prescribe in line with SWL Guidelines

- The product guidance (for dietitian reference) provides information on the cost effective ONS to prescribe within each product group and should be utilised when recommending the prescription of an ONS in primary care.
- ONS in the **AMBER** and **RED** section, should only be prescribed following dietitian assessment, were clinically indicated.
- Dietitians recommending the prescription of these products in primary care should ensure a clear and justified reason is communicated to the GP with evidence ONS in the **GREEN** section have been trialled and were inappropriate.
- Dietitians requesting GPs to review the ONS prescription, without dietitian follow up, should provide a clear agreed treatment plan with goals (*as outlined in section 5.1*), recommend a clinically and cost effective ONS within the respective ONS group (*recommend a product to prescribe or trial prior to prescribing*) aiming to support the GP prescribing ONS and reviewing patients in line with SWL guidance.
- Dietitians should avoid requesting GPs to prescribe and review ONS products in the **AMBER** and **RED** section. To ensure disease specific and specialist ONS are prescribed when clinically indicated

(e.g. modified consistency ONS) clear justification should be included in written communication to the GP.

- ONS prescription requests (e.g. following a discharge) which do not indicate a dietitian review plan and/or if it is not clearly communicated that ONS in the **GREEN** section have been trialled or are clinically inappropriate may be changed (following a trial) to an alternative ONS in line with the SWL ONS Product Guidance.
- Where possible, patients should be informed this may happen following discharge e.g. communicating this information via the discharge letter
- Modular ONS (high fat and/or protein supplements) are not nutritionally complete, dietetic assessment should aim to ensure these are recommended only when appropriate for the patient and when other ONS are not suitable. Food fortification provides similar calories (Appendix 8).

Section 4. ONS Reviews

4.1 Appropriate Care Plans and Assessing Goals of Intervention

- Aims of nutritional intervention, taste preferences, a care plan and clear goals of ONS intervention (e.g. promote wound healing, weight gain within an identified target, prevent further weight loss) should be identified prior to commencing the ONS prescription.
- Following a sample pack, the preferable ONS should be prescribed on **an acute 4 week** prescription and reviewed prior to re-issuing.
- Goals of ONS intervention and compliance with ONS prescription should be considered on review.
- To maximise their effectiveness, patients should be advised to take supplements between meals and not as a meal replacement. Patient's with minimal nutritional intake and/or reliant on ONS as a sole source of nutrition should be referred to local dietitians.
- ONS should be prescribed, similar to other medications, on an individual patient named basis and documented in the patients' drug chart/medications card or electronic record. ONS **must not** be provided to a patient if they have not been prescribed the product.
- A quick reference flow chart is available to support with reviewing ONS prescriptions; **see Appendix 4.**

4.2 Discontinuing ONS

- When the agreed treatment goals are achieved, ONS should be discontinued.
- ONS may be reviewed and discontinued by the GP and/or dietitian.
- On discontinuing ONS, a review of nutritional risk screening should be provided within one month to ensure there is no precipitating problem (rescreening for risk of malnutrition). Arrangements for review should be scheduled by the GP or dietitian who discontinued the ONS.
 - **Community dwelling patients** should be encouraged to attend for review and opportunities including patients attending routine GP appointments/collecting prescriptions should be used to complete the nutritional screening tool

- **Patients residing in care homes** should be screened by a member of the care home nursing team monthly
- Based on malnutrition risk score, steps should be followed as guidelines (Appendix 6 and 7)
- Changes to ONS prescriptions should be communicated by the clinician to the patient, and any member of the healthcare team involved in the patients' nutritional care e.g. care home team, GP, dietitian. A dietetic treatment summary should be completed following dietetic assessment and shared with appropriate members of the healthcare team as above.
- If the patient wishes to continue taking ONS although they do not meet prescribing criteria (e.g. MUST \leq 1 and/or the patient does not meet ACBS criteria and/or goals of ONS intervention have been achieved) OTC supplements and food based strategies (including food fortification and nourishing drinks) should be recommended as opposed to a continuation of the ONS prescription (Appendix 8).

4.3 Inappropriate prescribing

- 1kcal/ml sip feeds which are less clinically and cost effective than 1.5kcal/ml products (**see ONS Product Guidance Appendix 2**).
- Patients relying on ONS as a sole source of nutrition should be under the care of a dietitian to ensure ONS are prescribed appropriately and the patient's dietary intake is nutritionally complete.
- Powder ONS are not nutritionally complete and should not be recommended as a sole source of nutrition.

Substance Misuse

- **Substance misuse is NOT a specified ACBS indication for ONS prescription.** ONS prescribing in substance misusers (alcohol and drug misuse) is an area of increasing concern, due to both the cost and the question of appropriateness.
- Further considerations for ONS use should be used in the following patient groups:

Substance misusers may have a range of nutrition related problems such as:

- Poor appetite and weight loss
- Nutritionally inadequate diet
- Constipation (drug misusers in particular)
- Dental decay (drug misusers in particular)

Reasons for nutrition related problems include:

- Drugs themselves – can often cause poor appetite, reduce pH of saliva leading to dental problems, constipation, craving sweet foods (drug misusers in particular)
- Chaotic lifestyles
- Lack of interest in food and eating
- Poor dental hygiene (drug misusers in particular)
- Irregular eating habits
- Poor memory
- Poor nutrition knowledge and skills
- Low income, intensified by increased spending on drugs or alcohol
- Homelessness / poor living accommodation
- Poor access to food

- Infection with HIV or hepatitis B and C
- Eating disorders with co-existent substance misuse

Problems often created by prescribing ONS in Substance Misusers:

- Once started on ONS it is difficult to stop the individual taking them
- ONS taken instead of meals and therefore no benefit
- They may be given to other members of the family / friends
- Often sold and used as a source of income
- Can be poor clinic attendees therefore making it difficult to weigh them and re-assess need for ONS

If ONS is initiated:

- The patient should be assessed by a dietitian. If they fail to attend on two consecutive occasions, ONS should be discontinued
- Maximum prescription should be for 600 kcal/day (twice daily)
- NO repeat prescriptions
- Prescribed on a short term basis only (i.e. 1-3 months)
- If there is no change in weight after three months, ONS will be reduced and discontinued
- If weight gain occurs, continue until usual weight or healthy weight is reached, and reduction of ONS will be negotiated

ONS should NOT be prescribed in substance misusers unless ALL the following criteria are met:

- BMI < 18kg/m²
- AND there is evidence of significant weight loss (>10%)
- AND there is a co-existing medical condition which could affect weight or food intake
- AND once nutritional advice has been advised and tried
- AND the patient is in a rehabilitation programme e.g. methadone or alcohol programme or on the waiting list to enter a programme

If the individual does not meet the criteria, recommend OTC supplements, food first and homemade nourishing drinks.

4.4 Avoiding Pitfalls in Prescribing

- Errors in ONS prescribing frequently occur and can result as a consequence of insufficient information provided in the ONS prescription request, common errors include;

	Key Issue	Consequence	Solution
Total Volume Prescribed	Over or under prescribing e.g. prescribing two packets of supplements instead of two bottles/sachets per day	Increased costs associated with large volume of ONS prescribed inappropriately. Patient receiving/taking the incorrect volume	<ul style="list-style-type: none"> • Refer to ONS Product Guidance for advice on total volume of ONS to prescribe • If under a dietitian, check dietitian letter
<i>Example: Prescription for two packets of a supplement per day (Complan, 399g twice daily) instead of two serves per day (Complan, 57g twice daily)</i>			

Incorrect Product Prescribed	Full product name is not provided in the prescription request letter	Incorrect product prescribed to the patient. Often products with similar names are more expensive and of less clinical benefit to the patient.	<ul style="list-style-type: none"> • Refer to Quick Reference Guidance to ensure the product requested is in line with guidelines • If under a dietitian, check dietitian letter
<i>Example: Ensure Liquid (a 1kcal/ml low calorie high cost item) prescribed instead of Ensure Plus Milkshake Style (1.5kcal/ml, lower cost item).</i>			
Duration	ONS prescribed on repeat instead of acute	ONS prescriptions continue on repeat without review; patients receive no follow up	<ul style="list-style-type: none"> • ONS prescribed on acute only; do not prescribe on repeat. • If under a dietitian, refer to dietitian communication and follow advice on specified time frame for ONS prescription
<i>Example: repeat (reissued monthly without GP review); or acute (reissued for a specified timeframe e.g. acute for 2 months = monthly prescription issued twice and stopped)</i>			

- For GPs to electronically prescribe an ONS on their electronic system and avoid errors in prescribing, they require the below information clearly presented. The preferred method for providing this information to general practices across SWL is outlined in the below table (Section 5.1)

Section 5. ONS Prescribing Across the Pathways of Care

Guidance provided within this section should be followed to ensure appropriate prescribing practices across the primary and secondary care interface in line with section 9 of the [South West London Interface Prescribing Policy](#), see Appendix 2.

5.1 Dietetic Communication

- A dietetic standard discharge letter available to download from the 'Malnutrition Pathway' website includes the below 'Nutrition Prescription Request' box helping to reduce common errors in prescribing outlined above. <http://malnutritionpathway.co.uk/health-resources>
- In addition, the letter supports in providing clear and relevant information regarding:
 - **Goals** of ONS and dietetic intervention
 - **Dietetic treatment summary** including education provided to the patient/carer
 - **Review and monitoring plan**
 - **Additional actions required by the GP**
 - **Assessment of ONS prescribing criteria**
 - **Underlying cause(s) of compromised nutritional status and support provided**
- To ensure the patient receives the appropriate ONS prescription and support the appropriate review and management of the patient's care, **the above information should be clearly communicated to the GP with all ONS prescription requests.**

- The letter should inform the patient that their ONS prescription may be changed following discharge to primary care.

*****NUTRITION PRESCRIPTION REQUEST*****										
Name and Manufacturer	Flavour	Volume per serve	Unit	Quantity /serve per day	Total volume per 28days	Volume per pack	No of packs required for 28days	Duration (weeks)	Prescription Type	'Patient information' for prescription
Milkshake bottle Manufacturer	Vanilla	200	ml	2	11,200	800	14	4	Acute	Mid-morning & Mid-afternoon
Powder Manufacturer	Strawberry	57	g	1	1,596	399	4	4	Acute	Mid-morning

5.2 ONS Prescription Requests on Discharge from Secondary Care

ONS are often prescribed while in hospital and may be included in the transfer of care document (e.g. discharge drug summary or 'to take home' medications). Following discharge to primary care, the need for ONS prescription should be reviewed in line with local guidance and should consider changes in nutritional intake and clinical condition. The patient's nutritional status should also be reviewed to ensure an appropriate treatment and management plan is in place.

As outlined in section 5.1, clear communication must be provided to the GP for all ONS prescription requests.

- **Supplements requested to continue in primary care on FP10 prescription should meet the SWL primary care ONS prescribing criteria.** If the patient does not meet defined criteria, OTC supplements, food first and homemade nourishing drinks should be recommended.
- If the patient meets **ONS prescribing criteria**, the ONS product prescribed should be in line with the SWL primary care ONS Product Guidance. ONS should be prescribed on **an acute 4 week prescription and reviewed prior to continuing the prescription.**
- ONS products in the **AMBER** and **RED** section prescribed during secondary care admission should **only continue post discharge if the patient will remain under dietetic review** or if ONS in the **GREEN** section are contraindicated.
- Ideally, the patient will receive a trial of the ONS prior to changing the prescription. If unable to provide the trial in secondary care advising the GP on a suitable clinically and cost effective ONS to trial in primary care will support the GP prescribing in line with SWL Guidelines. The 'ONS Product Guidance for Dietitians Reference' provides advice on clinically and cost effective ONS available to prescribe within the respective product group.

5.3 Promoting Integrated Care

- To promote the continuum of dietetic care across the pathway, patients requiring continued dietetic input in primary care should be directly referred to the relevant community dietetic team or outpatient clinic by the acute dietitian.
- On discharging a patient and requesting the GP to review the ONS prescription, **written communication should be provided to the GP and include information outlined in section 5.1.**

The GP should be provided with advice to support in reviewing the patient's malnutrition risk (e.g. re-screening) and actions to take should precipitating concerns increase following discharge (e.g. re-referral to dietetics as appropriate).

- Section 9 of the [South West London Interface Prescribing Policy](#) outlines requirements regarding communication across secondary and primary care interface, see Appendix 2.

Section 6: Specialist Input

6.1 Specialist Dietetic and Speech and Language Therapy Input

- Patients identified at risk of malnutrition, with continued concerns following advice on food first and homemade nourishing drinks should be assessed against local dietetic team referral criteria and referred as appropriate.
- Patients presenting with acute/chronic illnesses which may require specialist dietetic and nutritional intervention should be referred to the appropriate dietitian. This may include patients' presenting with disease related malnutrition/nutritional concerns relating to their physical and mental health and wellbeing, for example; malabsorption or renal complications chronic/acute organ failure or illness, mental health, vascular disease, eating disorders, cancer, dementia, diabetes, dysphagia, HIV, and autoimmune related illnesses.
- Patients presenting with dysphagia should be referred to a Speech and Language Therapist for specialist assessment, monitoring, intervention and advice. ONS recommended and prescribed should follow recommendations as per the SALT assessment.
- Further consideration for ONS use should be used in the following patient groups.

6.2 Palliative Care

Prior to prescribing ONS in palliative care, the individual patient's prognosis, treatment plan, and quality of life should be carefully considered. The rationale for supplement use should be considered with an emphasis on support and information provided to patient, their family and carers surrounding the benefits of encouraging small meals, snacks and drinks to include the patient's preferable foods. An emphasis should be placed on minimising barriers to nutritional intake including pain, nausea, and constipation.

- Patient's receiving **early palliative care treatment**, with months or years to live may be receiving palliative care to help improve their quality of life. For patients whom nutritional status is compromised, the use of ONS may be beneficial and may improve treatment outcomes.
- **In end of life palliative care**, the use of oral nutritional supplements is unlikely to improve nutritional status or prolong life. The aim of any intervention should be to improve quality of life, a focus on achieving nutritional intake via oral nutritional supplements can contribute to distress and anxiety. Weighing the patient is not indicated, and the nutritional content of meals and snacks are no longer of prime importance. Nutritional support should focus on the provision of favourite foods and drinks, palatable and preferred by the patient to help maximise quality of life.
- Considering the aim of any intervention for patients in **end of life palliative care** is to improve quality of life; if a patient is already established on an oral nutritional supplement and enjoys/tolerates the product then it is not recommended to discontinue the product. On reviewing the ONS prescription, products should only be discontinued/reduced if a patient is not tolerating/dislikes the product or would prefer to focus on favourable foods and fluids. If the patient is not completing or tolerating the full

volume of ONS prescribed, the prescription volume should be reduced. The volume of ONS tolerated should be reviewed frequently to avoid waste.

- To provide support and reassurance to patients, families and their carers, a resource outlining the role of providing preferable foods and fluids is available on <http://www.swlmcg.nhs.uk/Clinical/Pages/Oral-Nutritional-Supplements.aspx>

6.3 Diabetes

- The dietary treatment of malnutrition may require patients to have foods higher in fat and sugar than is usually recommended. For this reason, tighter monitoring of blood glucose levels is recommended. It is desirable to keep the blood glucose levels in a reasonable range to prevent undesirable side effects. Diabetes medications may need to be reviewed if oral intake has changed significantly. Malnutrition risk should be reviewed with dietary advice to optimise both nutritional status and diabetic control reflecting the diagnosis, prognosis and degree of malnutrition.
- ONS (milk and savoury based) are appropriate for patients with diabetes however their blood glucose levels may require careful monitoring with medication reviews provided as appropriate. It is important to apply clinical MDT judgement to ensure the individual's risk of malnutrition and need for ONS is not overlooked. If concerns are present regarding high and unstable blood glucose levels consider recommending a neutral flavour ONS due to the lower glycaemic index; contact your local dietitian for additional information and advice. Appendix 2, provides information on ONS available in neutral flavour.
- **If ONS is indicated, choose milky based products rather than juice based (due to lower glycaemic index (GI) value).**
- If milk and savoury ONS are not well tolerated, and concerns continue regarding increasing risk of malnutrition; fruit juice based supplements may be provided. Juice based supplements have a higher sugar content and therefore blood sugar levels should be monitored closely.

The above patient groups can be particularly challenging for primary care clinicians; GPs and primary care clinicians are frequently requested to prescribe ONS which may not be appropriate to prescribe.

To support implementation of these guidelines local CCG Prescribing Support Dietitians and Medicines Optimisation Teams may be contacted.

Appendix 1: QUICK REFERENCE ORAL NUTRITIONAL SUPPLEMENT PRODUCT GUIDANCE FOR GENERAL PRACTITIONERS AND PRIMARY CARE CLINICIANS

ONS PRESCRIBING CRITERIA											
<p>1. High Risk of Malnutrition e.g. MUST ≥ 2 MUST Calculator 2. *ACBS Indicated 3. Food based methods trialled for one month including 'over the counter' supplements 4. Assess and support regarding the underlying cause of malnutrition</p> <p>Patient does not meet criteria for ONS Prescription: Recommend food first, homemade nourishing drinks and OTC supplements</p>											
Commencing and Reviewing ONS Prescription	*Advisory Committee on Borderline Substances (ACBS) Indicators (BNF, 2017)										
<ul style="list-style-type: none"> Identify clear goals of ONS Prescription Acute 4-week prescription Review goals prior to re-issuing <p>Goals met: discontinue ONS; review MUST score in one month Goals not met: Continue ONS and review in one month and, Refer to local dietitian if concerns continue</p>	<table border="0"> <tr> <td><input type="checkbox"/> Disease Related Malnutrition</td> <td><input type="checkbox"/> Dysphagia</td> </tr> <tr> <td><input type="checkbox"/> Short Bowel Syndrome</td> <td><input type="checkbox"/> Proven inflammatory bowel disease</td> </tr> <tr> <td><input type="checkbox"/> Intractable malabsorption</td> <td><input type="checkbox"/> Haemodialysis</td> </tr> <tr> <td><input type="checkbox"/> Pre-operative preparation of undernourished patients</td> <td><input type="checkbox"/> CAPD</td> </tr> <tr> <td><input type="checkbox"/> Following total gastrectomy</td> <td><input type="checkbox"/> Bowel Fistulas</td> </tr> </table>	<input type="checkbox"/> Disease Related Malnutrition	<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Short Bowel Syndrome	<input type="checkbox"/> Proven inflammatory bowel disease	<input type="checkbox"/> Intractable malabsorption	<input type="checkbox"/> Haemodialysis	<input type="checkbox"/> Pre-operative preparation of undernourished patients	<input type="checkbox"/> CAPD	<input type="checkbox"/> Following total gastrectomy	<input type="checkbox"/> Bowel Fistulas
<input type="checkbox"/> Disease Related Malnutrition	<input type="checkbox"/> Dysphagia										
<input type="checkbox"/> Short Bowel Syndrome	<input type="checkbox"/> Proven inflammatory bowel disease										
<input type="checkbox"/> Intractable malabsorption	<input type="checkbox"/> Haemodialysis										
<input type="checkbox"/> Pre-operative preparation of undernourished patients	<input type="checkbox"/> CAPD										
<input type="checkbox"/> Following total gastrectomy	<input type="checkbox"/> Bowel Fistulas										
<p>ONS not listed in this product guidance should only be prescribed if recommended by a dietitian following assessment Clear justification an alternative ONS is required should be communicated to the GP by the dietitian</p>											

1 FIRST: Patient meets criteria for ONS prescription: Prescribe Powder ONS

ACUTE 28DAY PRESCRIPTION AND REVIEW PRIOR TO RE-ISSUING

Product Name	Kcal /serve	Protein (g) /serve	Unit Size	Pack Size	Volume to Prescribe
Powdered ONS – high calorie, high protein and a range of vitamins and minerals. Not nutritionally complete.					
<input type="checkbox"/> Foodlink Complete Powder	385*	18.3	<input type="checkbox"/> 57g	399g	57g Twice daily for 28days
<input type="checkbox"/> AYMES Shake	386*	16	<input type="checkbox"/> 57g	399g	Total volume 3,192g
<input type="checkbox"/> Complan	387*	15.6	<input type="checkbox"/> 57g	228g	No of packs: 8x399g or 14x228g
Foodlink Complete Powder: *not nutritionally complete					
<ul style="list-style-type: none"> For a compact volume: Prepare with 125ml full fat milk (provides 335kcal, 15.8g protein) Fibre enriched/high protein: Foodlink Complete Powder Fibre also available (418kcal, 18.5g protein, 4.5g fibre) 					



2 SECOND: If powder ONS is not tolerated or not suitable for the patient, trial a Milkshake Style ONS

Milkshake Style – nutritionally complete bottled ONS					
<input type="checkbox"/> Aymes Complete	300	12	<input type="checkbox"/> 200ml	800ml	200ml Twice daily for 28days
<input type="checkbox"/> Fortisip Bottle	300	12	<input type="checkbox"/> 200ml	800ml	Total volume: 11,200ml No of packs: 14x800ml



3 THIRD: If the patient is unable to complete the ~200ml volume of Milkshake Style ONS AND unable to prepare Foodlink Powder with 125ml full fat milk prescribe a compact bottle ONS

Compact Style – low volume/compact nutritionally complete ONS					
<input type="checkbox"/> Fortisip Compact	300	12	<input type="checkbox"/> 125ml	500ml	125ml Twice daily for 28days
<input type="checkbox"/> Altraplen Compact	300	13	<input type="checkbox"/> 125ml	500ml	Total volume 7000ml No of packs: 14x500ml

*****Powdered ONS/OTC supplements contraindications: *****

Dysphagia • Limited dexterity & inability to prepare • Cow's milk allergy or intolerance (check company allergen information) • Under 6 years • Galactosaemia • Require thickened fluids • Not suitable for enteral feeding tubes • Patients with renal disease should be assessed by a dietitian prior to prescribing a powder ONS or OTC supplements

ONS Product Guidance to be utilised in conjunction with full guidelines: South West London Guidelines on the Identification, Treatment and Management of Malnutrition in Adults, including the Appropriate Prescription of ONS. Review date: January 2021

Appendix 2:

Quick Reference ONS Supplement Guidance for Dietitian Reference

This guideline should be followed to ensure appropriate prescribing practices across the primary and secondary care interface in line with section 9 of the [South West London Interface Prescribing Policy](#); and when requesting the prescription of an ONS in primary care.

SWL Primary Care ONS Prescribing Criteria
<p>1. High Risk of Malnutrition e.g. MUST ≥ 2 MUST Calculator</p> <p>2. *ACBS Indicated</p> <p>3. Food first and homemade nourishing drinks trialled for one month including ‘over the counter’ supplements</p> <p>4. Assess and support regarding the underlying cause of malnutrition</p> <p>Patient does not meet criteria for supplement prescription: Recommend food first and nourishing drinks and OTC supplements</p>
<p>On requesting an ONS Prescription in primary care</p> <p>FIRST: Patient meets criteria for ONS prescription: Prescribe Powder ONS</p> <p>SECOND: If powder ONS is not tolerated or not suitable for the patient, trial a Milkshake Style ONS</p> <p>THIRD: If the patient is unable to complete the ~200ml volume of Milkshake Style ONS prescribe a Compact ONS</p> <p>IF RECOMMENDING AN ALTERNATIVE PRODUCT AIM TO ENSURE IT IS WITHIN THE GREEN SECTION</p> <p>AMBER= ONLY PRESCRIBE IN PRIMARY CARE IF ONS IN GREEN SECTION ARE INAPPROPRIATE</p> <p>RED= ONLY PRESCRIBE IF ONS IN GREEN AND AMBER SECTION ARE INAPPROPRIATE</p>
<p>Practical Guidelines to help ensure your patient is prescribed the appropriate product</p> <p>Provide a written summary of dietetic treatment including identified goals and a review plan</p> <p>If requesting the GP to review an ONS prescription,</p> <ul style="list-style-type: none"> ✓ provide clear goals of ONS treatment in written communication ✓ advice regarding re-screening for risk of malnutrition ✓ recommend a suitable ONS from the GREEN section unless contraindicated <p>If an alternative ONS is required, consider prescribing the cost effective ONS within the supplement group AMBER</p> <p>Avoid prescribing products in RED</p> <p>Secondary care dietitians may utilise the ONS Product Guidance to recommend the trial and prescription of a clinically and cost effective ONS, within the respective product group. For patients not receiving continued dietetic review, this information will support the GP to prescribe in line with SWL Guidelines.</p>

This product guidance is available to download from the SWL internet site including product prices, and will be updated quarterly to reflect product price changes

Product Name	Price	Kcal/serve	Protein(g)/serve	Unit Size	Pack Size	Flavours Available
Powdered ONS – For all patients requiring ONS, consider prescribing a powdered ONS first if appropriate ***						
<input type="checkbox"/> Foodlink Complete		385*	18.3*	<input type="checkbox"/> 57g	399g	B, C, S, N, V
<input type="checkbox"/> AYMES Shake		386*	16*	<input type="checkbox"/> 57g	399g	B, C, S, N, V
<input type="checkbox"/> Complian Shake		387*	15.6*	<input type="checkbox"/> 57g	228g	B, C, S, N, V
<input type="checkbox"/> Ensure Shake		389*	17*	<input type="checkbox"/> 57g	399g	B, C, S, V
<input type="checkbox"/> Enshake		600**	16**	<input type="checkbox"/> 96.5g	579g	B, C, S, V
<input type="checkbox"/> Calshake		600**	12**	<input type="checkbox"/> 87g	609g	B, S, N, V
<input type="checkbox"/> Scandishake		588**	12.4**	<input type="checkbox"/> 85g	510g	B, C, S, N, V, Ca
Milkshake Style – nutritionally complete bottled ONS; if powdered ONS are not suitable						
<input type="checkbox"/> Aymes Complete		300	12	<input type="checkbox"/> 200ml	800ml	B, C, S, V
<input type="checkbox"/> Fortisip Bottle		330	12	<input type="checkbox"/> 200ml	880ml	B, C, S, N, V, Ca, O, TF
<input type="checkbox"/> Fresubin Energy		300	11.2	<input type="checkbox"/> 200 ml	800ml	S, TF, V
<input type="checkbox"/> AYMES 2kcal		400	16	<input type="checkbox"/> 200 ml	800ml	B, S, V
<input type="checkbox"/> Ensure Plus Milkshake Style		330	13.8	<input type="checkbox"/> 220ml	880ml	B, C, S, N, V, Co, FOF, O, P, R
<input type="checkbox"/> Ensure 2kcal		399	16.8	<input type="checkbox"/> 220ml	880ml	B, S, N, V
<input type="checkbox"/> Resource Energy		300	11.2	<input type="checkbox"/> 200ml	800ml	A, B, C, Co, S, R, V
<input type="checkbox"/> Fortisip 2kcal		400	20	<input type="checkbox"/> 200ml	200ml	V, S
<input type="checkbox"/> Ensure Liquid		251	10	<input type="checkbox"/> 250ml	800ml	Co, Co, V
Compact Style – low volume/compact nutritionally complete oral nutritional supplements						
<input type="checkbox"/> Altraplen Compact		300	12	<input type="checkbox"/> 125ml	500ml	B, C, S, V
<input type="checkbox"/> Fortisip Compact		300	12	<input type="checkbox"/> 125ml	500ml	B, C, S, V, FOF, A, Mo
<input type="checkbox"/> Ensure Compact		300	13	<input type="checkbox"/> 125ml	500ml	B, S, V
Juice Style - Patients who do not like or are unable to tolerate milk-based sip feeds. Not nutritionally complete.						
<input type="checkbox"/> Ensure Plus Juice		330	10.5	<input type="checkbox"/> 220ml	880ml	S, P, O, LL, Ap, FP
<input type="checkbox"/> Fresubin Jucy		300	8	<input type="checkbox"/> 200ml	800ml	A, O, C, BI, Pi
<input type="checkbox"/> Fortijuice		300	8	<input type="checkbox"/> 200ml	800ml	S, Ap, O, L, FoF, TF
<input type="checkbox"/> Resource Fruit		250	8	<input type="checkbox"/> 200ml	800ml	A, O, PCh, R-BI
High Protein – Patients with increased protein requirements – identified following dietitian assessment						
<input type="checkbox"/> Foodlink Complete (with 125ml whole milk)		335	15.8	<input type="checkbox"/> 57	399g	B, C, S, N, V
<input type="checkbox"/> Foodlink Complete (with 200ml whole milk)		385	18.3	<input type="checkbox"/> 57	399g	B, C, S, N, V
<input type="checkbox"/> Altraplen Protein		300	20	<input type="checkbox"/> 200ml	800ml	S, V
<input type="checkbox"/> Fortisip Compact Protein		300	18	<input type="checkbox"/> 125ml	500ml	B, S, V, Mo
<input type="checkbox"/> Fresubin 2kcal Drink		400	20	<input type="checkbox"/> 200ml	800ml	N, V, A, Co
<input type="checkbox"/> Fresubin Protein Energy		300	20	<input type="checkbox"/> 200ml	800ml	C, S, V, Co, TF
<input type="checkbox"/> Fortisip Extra		320	20	<input type="checkbox"/> 200ml	800ml	C, S, V, FOF, Mo
<input type="checkbox"/> Ensure Plus Advance		330	20	<input type="checkbox"/> 220ml	880ml	V, Ch, B
Fibre Containing - Useful for patients with constipation/requiring fibre supplementation via ONS						
<input type="checkbox"/> Foodlink Complete with Fibre (with 200ml whole milk)	4.5g fibre	418	18.5	<input type="checkbox"/> 63g	441g	V, C, S, B, N
<input type="checkbox"/> Foodlink Complete with Fibre (with 125ml whole milk)	4.6g fibre	348	16.1	<input type="checkbox"/> 63g	441g	V, C, S, B, N
<input type="checkbox"/> Resource 2.0 Fibre		400	18	<input type="checkbox"/> 200ml	800ml	S, N, V, A, Co, SF
<input type="checkbox"/> Fortisip Compact Fibre		300	12	<input type="checkbox"/> 125ml	500ml	S, V, Mo
<input type="checkbox"/> Fresubin 2cal Fibre		400	20	<input type="checkbox"/> 200ml	800ml	C, N, V, Co, L, A/P
<input type="checkbox"/> Ensure Plus Fibre		310	13	<input type="checkbox"/> 200ml	800ml	B, C, S, V, R
<input type="checkbox"/> Fresubin Energy Fibre		300	11.2	<input type="checkbox"/> 200ml	800ml	B, C, S, V, Ca, C
Semi Solid Dessert – Patients with dysphagia – prescribe following dietetic and SALT recommendations						
<input type="checkbox"/> Nutricrem		225	12.5	<input type="checkbox"/> 125g	500g	S, V, C
<input type="checkbox"/> AYMES Creme		187.5	9.4	<input type="checkbox"/> 125g	500g	V, C

<input type="checkbox"/> Forticreme Complete		200	11.9	<input type="checkbox"/> 125g	500g	B, C, V, FoF
<input type="checkbox"/> Fresubin 2kcal Crème		250	15	<input type="checkbox"/> 125g	500g	C, S, V, Co, Pr
<input type="checkbox"/> Fresubin YOcreme		187	9.3	<input type="checkbox"/> 125g	500g	L, R, A/P, Bi
<input type="checkbox"/> Ensure Plus Crème		171	7.1	<input type="checkbox"/> 125g	500g	B, C, N, V
<input type="checkbox"/> Nutilis Fruit Stage 3		206	10.5	<input type="checkbox"/> 150g	600g	S, A (3 = pudding-thick)
Modified Consistency - Patients with dysphagia – prescribe following dietetic and SALT recommendations						
<input type="checkbox"/> Slo Milkshake Stage 1,2*		333	24.2	<input type="checkbox"/> 50g	350g	C, S
<input type="checkbox"/> Nutilis Complete Stage 1,2		300	12	<input type="checkbox"/> 125ml	500ml	S, V (1=syrup, 2=custard)
<input type="checkbox"/> Fresubin Thickened Stge1,2		300	20	<input type="checkbox"/> 200ml	800ml	S, V
Savoury Style						
<input type="checkbox"/> AYMES Savoury		251	9.2	<input type="checkbox"/> 57	399g	Chicken
<input type="checkbox"/> Ensure Plus Savoury		330	13.8	<input type="checkbox"/> 220ml	880ml	Chicken
<input type="checkbox"/> Vitasavoury		300	6	<input type="checkbox"/> 50g	200g	Chicken, veg, Leek/P. Mush
Yogurt Style - Less sweet, and useful for patients with taste fatigue or taste changes						
<input type="checkbox"/> Ensure Plus Yogurt		330	13.8	<input type="checkbox"/> 220ml	880ml	S, P
<input type="checkbox"/> Fortisip Yogurt		300	12	<input type="checkbox"/> 200ml	800ml	V/R, P/O
Specialist ONS						
<input type="checkbox"/> Vital 1.5kcal		330	13.5	<input type="checkbox"/> 220ml	880ml	Co, MB, V
<input type="checkbox"/> Modulen IBD		500/100g	18g/100g	variable	400g	N
Modular ONS – NOT NUTRITIONALLY COMPLETE. ONLY PRESCRIBE IF RECOMMENDED BY DIETITIAN						
<input type="checkbox"/> Altrashot		140	2	<input type="checkbox"/> 40ml	120ml	S, V
<input type="checkbox"/> Calogen		135	0	<input type="checkbox"/> 30ml	200ml	S, N
<input type="checkbox"/> Calogen Extra		160	2	<input type="checkbox"/> 40ml	200ml	S, N
<input type="checkbox"/> Pro-cal shot		100	2	<input type="checkbox"/> 30ml	120ml	B, S, N
<input type="checkbox"/> Pro Cal Powder		100	2	<input type="checkbox"/> 15g	510g	N
<input type="checkbox"/> Fresubin 5 Cal Shot		150	0	<input type="checkbox"/> 30ml	120ml	N, L
<input type="checkbox"/> Vitajoule		40	0	<input type="checkbox"/> 10g	500g	N
<input type="checkbox"/> ProSource		100	10	<input type="checkbox"/> 30ml	30ml	N, O, CB
<input type="checkbox"/> ProSource Plus		100	16.5	<input type="checkbox"/> 30ml	30ml	N, O, CB
<input type="checkbox"/> ProSource Jelly		88.5	20	<input type="checkbox"/> 118ml	118ml	O, Lime, FP

Flavour Codes for Oral Nutritional Supplements							
A	Apricot	CB	Citrus Berry	Mush	Mushroom	R	Raspberry
Ap	Apple	Co	Coffee	N	Neutral/Unflavoured	R-BI	Raspberry-blackcurrant
B	Banana	FoF	Fruits of the Forest	O	Orange	S	Strawberry
Bi	Biscuit	FP	Fruit Punch	P	Peach	SF	Summer Fruits
Bl	Blackcurrant	L	Lemon	PCh	Pear-cherry	To	Toffee
C	Chocolate	Leek/P	Leek Aand Potato	Pi	Pineapple	TF	Tropical Fruit
Ca	Caramel	LL	Lemon Lime	Pr	Praline	V	Vanilla
		Mo	Mocha				

*****Powdered ONS/OTC supplements contraindications:*****

*when made up with 200ml whole milk. **when made up with 240ml whole milk. Limited dexterity & inability to prepare • Cow's milk allergy or intolerance (check allergen information from company) • Under 6 years • Galactosaemia • Require thickened fluids • Require additional fibre via their ONS • Not suitable for enteral feeding tubes • Patients with renal disease should be assessed by a dietitian prior to prescribing a powdered ONS or taking OTC supplements.

ONS Product Guidance to be utilised in conjunction with full guidelines: South West London Guidelines on The Identification, Treatment and Management of Malnutrition in Adults, including the Appropriate prescription of ONS. The product guidance will be updated quarterly to reflect ONS price changes. Contact respective nutritional companies for full information on ONS products. Version 1. Review date: June 2018. Version controls available via the SWL/local CCG internet <http://www.swlmcg.nhs.uk/Clinical/Pages/Oral-Nutritional-Supplements.aspx>

Appendix 2 (continued)

South West London Alliance Interface Prescribing Guidelines

Section 9: Dressings, Appliances, Enteral Feeds and Glucose Monitoring Strips

- 9.2 Suitable local arrangements should be in place for the supply of dressings, appliances and enteral feeds. A minimum of 7 days supply should be provided. Sufficient information about a patient's dressing, appliance and enteral feed treatment, preferably in the form of a care plan as part of the discharge summary, should be provided to ensure continuity of care in the community (see also section 6.2 regarding communication with GPs).
- 9.3 Providers must ensure that measures are in place to ensure that all patients discharged on oral nutritional supplements (ONS) have:
- been properly assessed as needing ONS during any episode of care and on discharge
 - have a Nutritional Management Plan sent to the GP and other relevant healthcare professionals / carers which includes:
 - ✓ the reason for using ONS (including MUST score)
 - ✓ whether any further supplies are needed once the provider's supply runs out
 - ✓ a future follow up plan including targets and review dates
 - ✓ been changed to the most cost-effective product for primary care on discharge. Note that SWL CCGs intend to work with SWL Trusts to ensure that preferred formulary products in primary care will be available to the Trust for suitable patients on discharge.
- 9.4 Providers should not request GPs to prescribe dressings/ appliances and enteral feeds outside of the CCG agreed formulary/guidance where available.
- 9.5 No arrangements should be made by the provider with appliance contractors for ongoing supplies of dressings or appliances in the community without involving patients in the decision about where and how their further supplies are obtained.

Appendix 3: Powder Oral Nutritional Supplements: Sample Service and Contraindications

Contraindications of Powdered ONS

Clinical contraindication	Clinical Reason	Action
1. Lactose intolerance	Due to the milk content	Prescribe Fortisip Bottle® (lactose free)
2. High and unstable blood sugars	Due to the carbohydrate content	A diabetes nurse specialist should review the patient's medication considering low nutritional intake & adjust medication accordingly. Prescribe Fortisip Bottle®
3. Tube fed		Local Dietitian will guide you on the correct product.
4. Renal disease	Due to the phosphate & potassium levels if the patient is on electrolyte restrictions.	If a Renal Dietitian is not involved in the patients care, refer to local dietitian/renal dietitian. Fluid restrictions may be in place; follow advice as per renal dietitian.
5. Dexterity & cognition problems	Patient will not be able to prepare the product. This rule does not apply to care homes where staff can assist with preparation.	Prescribe Aymes® Complete or Fortisip Bottle® for those who live alone & have no assistance in preparing food. If a patient is living in a nursing / care home prescribe Foodlink® Complete

To order a free direct to patient sample online please refer to the relevant company website

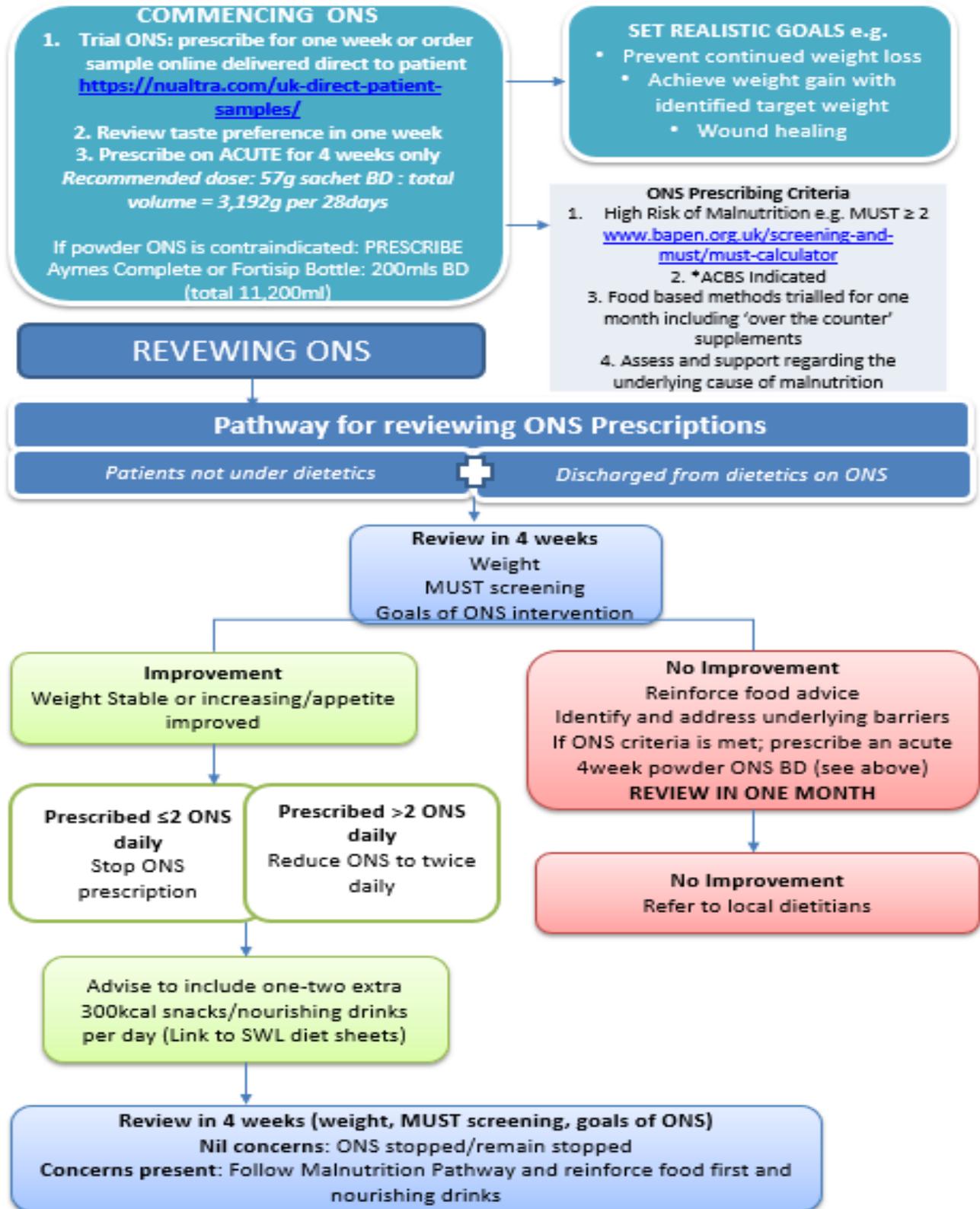
Foodlink Complete Powder: <https://nualtra.com/uk-direct-patient-samples/>

AYMES Shake: <https://aymes.com/pages/direct-to-patient-sample-service>

Ensure only products which are in line with the guidelines (e.g. powder ONS) are requested and avoid requesting multiple products. As per guidelines, trial with a powder ONS initially unless contraindicated.

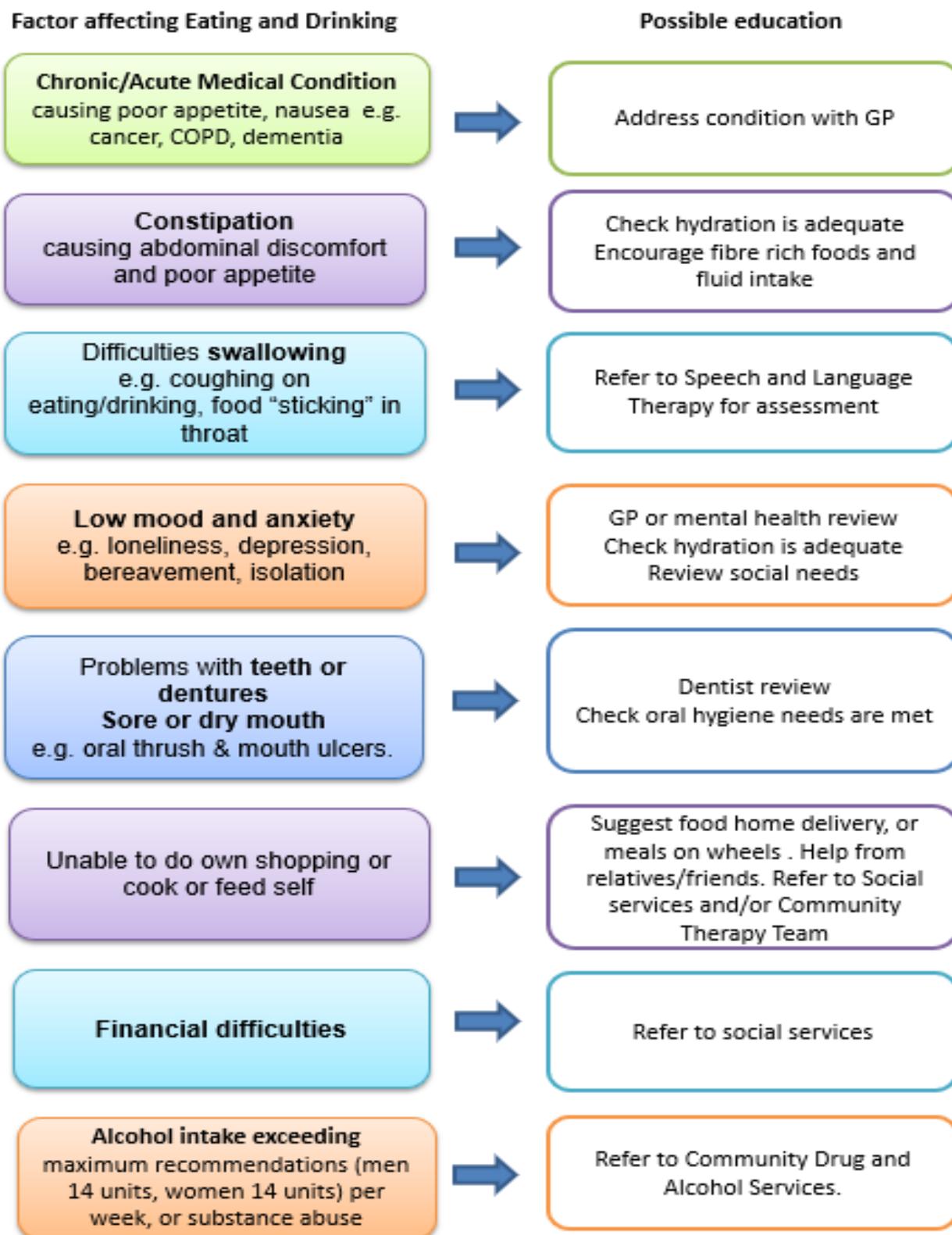
Nutritional companies have data processing and information governance policies and procedures in place via their Caldicott Guardian. Please contact nutritional companies directly to request current information these policies.

Appendix 4: Commencing, Reviewing and Discontinuing ONS Indicators to Support GP Review and Decision Making

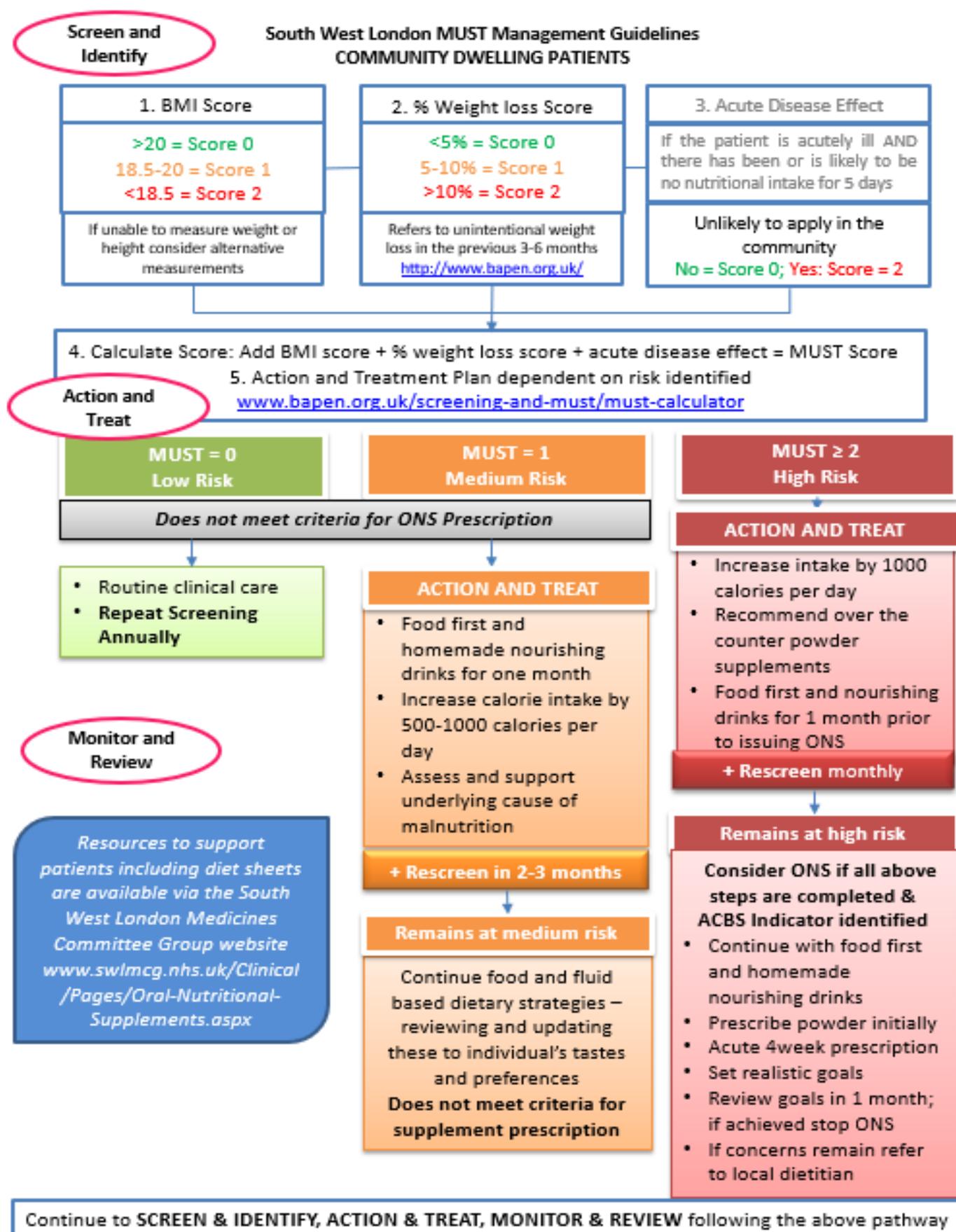


Appendix 5

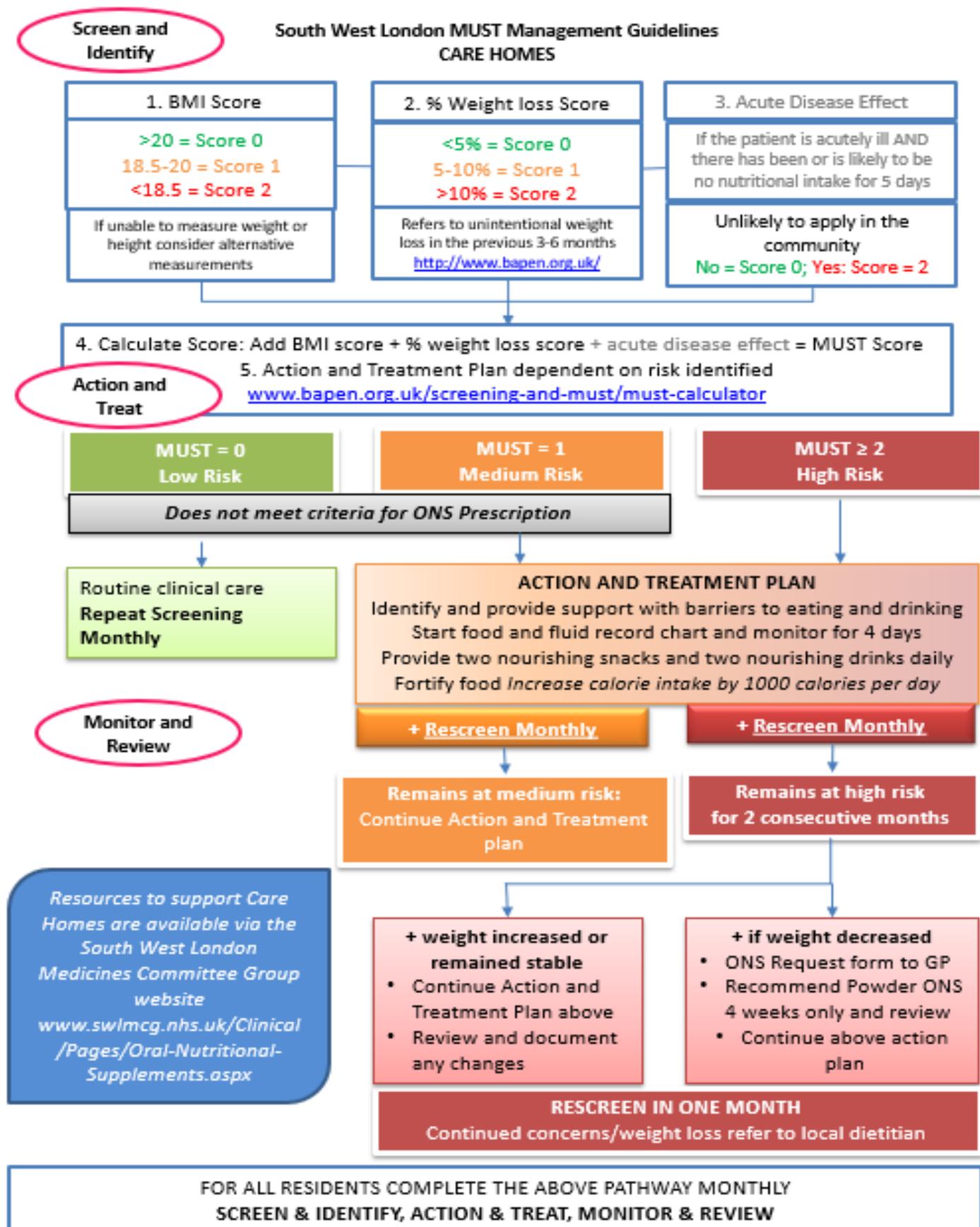
Assessing the underlying cause of malnutrition



Appendix 6



Appendix 7



Appendix 8: ONS Product Guidance and Comparison dat

Examples of OTC nourishing drinks and food items to supplement nutritional intake: -

- Complan™ *
- Nourishment™
- Milk Powder e.g. Marvel™, Plus Pints™
- Double cream

Please see Appendix 6 for further information on food based strategies including high protein high calorie snacks, food fortification and high calorie drinks.

Comparison of ONS with shop bought OTC nourishing drinks/food items

Prescribed ONS		Energy (kcal)	Protein (g)	OTC alternative		Energy (kcal)	Protein (g)
Name	Volume (mls)			Name	Volume (mls)		
Aymes Complete	200	300	12	Complan made with full cream milk	200	387	15
Fortisip Bottle	200	300	12	Milky drink and a small biscuit: 200mls fortified milk** with coffee/hot chocolate/ Horlicks	200	300	18
Scandishake	240	588	12.4	Complan with full cream milk and 1 tablespoons of double cream	230	527	18.7
Calogen	90	405	0	2 tablespoons of double cream added to food	60	280	2
Fresubin energy	200	300	11.8	Nourishment ½ can	210	214	11
Forticreme	125	200	11.9	Full fat yogurt	150	290	7
Complan	57g	387	15.6	Two cream crackers and a match box size cheese square	-	400	15

* For contraindications to these products please refer to Appendix 1

** fortified milk is whole milk with added milk powder e.g Marvel, Plus Pints

Appendix 9 – An example of food first and homemade nourishing drinks v's ONS

Increasing calorie intake by 840calories per day through food based strategies

Meal	Normal intake INCLUDING prescribed supplements	Energy (kcal)	Protein (g)
Breakfast	2 x Weetabix and semi-skimmed milk (200mls)	230	11.3
	Cup of tea with semi-skimmed milk	11	1
Mid-AM	Prescribed nutritionally complete supplement drink (200ml)	300	12
Lunch	Minced meat (small) (100g)	209	17
	1 boiled potato	48	1
	Small serving of carrots	8	0
	Small banana	76	3
Mid-PM	Prescribed nutritionally complete crème pot (125g pot)	200	12
Evening Meal	Packet soup made with water	48	1
	White roll (small)	88	2
Supper	Low fat yoghurt	100	6
	Cup of tea with semi-skimmed milk	11	1
	Plain biscuit	45	
Daily intake of 3 meals per day and oral nutritional supplements. RELIANT ON SUPPLEMENTS TO PROVIDE 500KCAL, 24G PROTEIN		1374kcal	67.3g

Meal	Fortified Meal Plan EXCLUDING prescribed supplements	Energy (Kcal)	Protein (g)
Breakfast	2 x Weetabix, full cream milk and 1 tablespoon of dried fruit	237	16
	Small glass of fruit juice	76	1
Mid-AM	Milky coffee made with full cream milk	132	4
	Shortbread finger	90	1
Lunch	Minced meat (small)	209	17
	Scoop of mashed potato with butter and milk	90	2
	Small serving of carrots with butter	45	0
	Small banana mashed with evaporated milk and 1 teaspoon of sugar	167	5
Mid-PM	Cup of tea with whole milk	19	0
	Chocolate mini roll or a bowl of chopped fruit/one banana	100	1
Evening Meal	Soup with cream added	188	1
	Ham roll (small) with butter, slice of cheese and tablespoon of mayonnaise	329	20
	Thick and creamy yoghurt	208	4
Supper	Small mug of Horlicks made with full cream milk	225	9
	1 x crumpet and butter	98	3
A high calorie, high protein diet providing 5 portions of fruit or vegetables, 4 portions of dairy foods, regular carbohydrates and 2-3 portions of protein. NO oral nutritional supplements		2213kcal	84g

Appendix 10

The following resources are available to support clinicians in the management of patients prescribed oral nutritional supplements. All resources are accessible via the SWL internet <http://www.swlmcg.nhs.uk/Clinical/Pages/Oral-Nutritional-Supplements.aspx>

1. **Guidelines:** South West London Alliance Guidelines on the Identification, Treatment and Management of Malnutrition in adults, including the appropriate use of oral nutritional supplements
 - a. [Quick Reference Flow Chart](#): SWL MUST Management Guidelines Community Dwelling Patients
 - b. [Quick Reference Flow Chart](#): SWL MUST Management Guidelines Care Homes
2. **Quick Reference Oral Nutritional Supplement Product Guidance and Prescribing Criteria**
 - a. Quick Reference ONS Product Guidance for GP reference
 - b. Quick Reference ONS Product Guidance for Dietitian Reference (quarterly price updates)
3. **Diet Sheets and Resources** – Freely reproducible diet sheets and resources available to download, print and provide to patients and/or used to support patients and nutritional care plans in care homes.

Diet Sheets and Resources	
Food Based Strategies	<ul style="list-style-type: none"> • High Protein High Calorie Fortified Milk based recipes • Snack Ideas and finger foods • Adding extra calories to everyday foods and drinks – considering food fortification on a budget • Modified Consistency Fortified Diets • Healthy Eating on a high calorie diet
Fluid Based Strategies	<ul style="list-style-type: none"> • Hydration and Nourishing Drinks – tips for encouraging fluid intake and the importance of good hydration • Fortified Milk • Milkshake and smoothie recipes including dairy free options
Additional Resources	<ul style="list-style-type: none"> • My Nutrition Plan/Passport including tips to support compliance with ONS • Constipation • Recipes, shopping lists and meal plan examples
Additional Care Home Resources	<ul style="list-style-type: none"> • MUST Chart example • Food First Prescription following MUST management plan • Documented food and fluid charts • Requesting an ONS prescription in line with SWL Guidelines • Strategies to Improve Oral intake of foods and fluids • The mealtime environment

4. Care Resource Pack

Including resources listed above, relevant to support Care Homes providing the appropriate care and monitoring for individuals at risk of malnutrition.

GP Electronic Medical Record (EMIS) Resources

5. **EMIS Web ONS Search** – XML file available to import to EMIS Web and complete an ONS search. Aiming to support prescribing support dietitians, prescribing advisors and general practitioners completing general practice audit and review of patients prescribed ONS.
6. **Adult ONS Review Tool for GPs** – available to upload on EMIS web (mail merge document) Recommended for use prior to commencing, and on reviewing an ONS prescription aiming to support

general practitioners implementing SWL guidelines. The EMIS template will support step-by-step completion of the MUST screening tool, with links to the SWL MUST Management Guidelines and the Quick Reference ONS Product Guidance for General Practitioners. It is recommended this EMIS template is generated to appear prior to commencing and on re-issuing any of the ONS in the above search. Local prescribing support dietitians and prescribing advisors may encourage and support use of the EMIS template in general practices.

To access EMIS web resources, receive support on their use in practice, and sharing the resources with general practices in your CCG, contact the Clinical Lead Prescribing Support Dietitian michelle.duffy3@nhs.net.

Training and Education

7. The **'MUST' screening tool and the 'MUST' online calculator** is available on the British Association for Parenteral and Enteral Nutrition ('BAPEN') website www.bapen.org.uk/screening-for-malnutrition/must-calculator (note this replaces the MUST app previously available from BAPEN).

8. Oviva UK Limited Malnutrition Digital Support Platform

To support implementation of the guidelines a digital support platform is available to access by general practices, care homes and primary care teams.

The digital support platform includes learning modules, webinars and tutorials which cover each section of the guidelines, and practical learning for primary care clinical teams and care home staff to implement care pathways into routine clinical care.

The platform can be used to support mandatory induction training aiming to maintain education, and skills with staff turnover.

Webinars and learning tutorials may also be utilised by dietitians, and prescribing advisors delivering education and training to clinical teams at local level.

To access training and education resources and receive support on their use in practice, contact the Clinical Lead Prescribing Support Dietitian michelle.duffy3@nhs.net.

Dietetic Standard Letter

9. A **Standard Dietetic Discharge letter** is available to download from the Malnutrition Pathway website; please refer to the Standard Operating Procedure for guidance on how to use this letter in practice. The letter aims to support standardised communication across the pathways of care and may be used by secondary and primary care dietitians requesting ONS prescriptions. The Clinical Lead Dietitian may be contacted to support implementing the letter in your local dietetic team <http://malnutritionpathway.co.uk/health-resources>

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